

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

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[WE have in hand a number of interesting communications that have been sent anonymously to this department. The announcement is made in every number that without the name in full and address of the writer such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

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DEAR EDITOR: I would like, if I may, to use the JOURNAL to ask the superintendents of other nurses' schools if they are satisfied with the educational methods being used and the results obtained in nurses' schools from an educational standpoint. I frankly confess that I am very much dissatisfied with both. We are certainly "training" our pupils, but we are not "educating" them. By the word "education" in reference to the nurse I do not mean an undue amount of book knowledge, but all those other points which are in reality of greater importance than theory—for with the nurse practice must ever be first, and theory be given to make her more perfect in her practical work.

The fact has been forcing itself upon me more and more strongly that we are not yet on the right track. We are not lacking in ideals or theories and it is not from want of trying on the part of heads of schools. The trouble is that we cannot reach our ideals or put our theories into practice. The best of theories give way under the stress of hospital work, and many, many times educational principles are sacrificed to the hospital work. The hospitals are not to blame for this—merely the method. Possibly if we keep on long enough with our present method of making ideals and trying to teach not only ourselves to live up to them, but in addition trustees and Boards of Lady Managers, superintendents, and the medical profession,—for in hospitals we are absolutely helpless without the support of all of these,—we may reach what we want. I doubt it, however. I am firmly convinced that our only educational salvation is to get the pupil nurse entirely under control of the nurse educator, which means getting her away from the hospital.

It has already been suggested that a central school for the preliminary training should be established, in which pupils should be instructed by nurses for three, six, or twelve months,—whatever the specified time,—and then sent to their chosen hospital school. Think of the luxury of having pupils entirely under the control of a teaching staff of nurses!

Why not go further and keep the pupil in that school under a staff of nurse teachers for the entire term of her course of instruction? Establish an American College for Nurses, established and directed by nurses!

There is nothing impossible about this; it only requires a little enthusiasm and energy. It would necessarily and advisably be started in a small way—nurses' schools started not long ago very humbly.

The present existing conditions in hospitals would not be interfered with, this being merely an additional and independent effort.

Nurses have many friends: the American public is generous and would subscribe enough to start it if they saw the advisability of doing so, and we—nurse superintendents and all interested in the education of the nurse—are the ones who should show them the importance of taking up this work. It is really a duty which we owe to pupil nurses.

This all sounds very crude, I do not doubt, and needs working out, but if we will only make the effort, it can be brought about. If we can get a small endowment, a few of the right women as its teaching staff, and a few pupils, the start is made. Its success, of course, will depend upon the ability and enthusiasm of its teachers and the support of the nursing profession. If a central place be chosen for the college, the domestic science schools I am sure can be prevailed upon to help out, possibly the medical colleges for some subjects.

For the teaching of the actual methods of nursing all that is necessary is to have the sick, and the sick abound in the large cities. I do hope other superintendents may feel as I do and be willing to at least consider this matter, and see if there is not something in it.

M. HELENA McMILLAN.

DEAR EDITOR: I note in the Report of the Fifth Annual Convention, held in Chicago, Ill., May 1, 1902, that Miss Lathrop, in her address of welcome, stated that there is in this country and abroad an active effort to place cases of acute mental disorder in the category of general hospital cases, and thus under the care of trained nurses.

I do not wish to criticise said address or the prevailing tendency to further and promote this innovation, but I would like to call attention to the expediency of carefully considering this problem before a definite conclusion has been reached in that direction, or until the present existing phase has been viewed in its true light.

Some of the disadvantages from a private hospital stand-point are as follows:

First. The lack of spacious grounds, which are so essential for recreation, fresh air, and sunshine.

Second. The financial aspect should be taken into consideration. The additional expense incurred in the erection of a private hospital, with thick and impenetrable walls, suitable for insane patients, would, in most cases, exceed the means of the most sanguine advocate, double-hearted as he may be, but single-handed.

Third. They have no facilities for entertaining and diverting the deluded minds of the insane, which is one of the primal features in the training of attendants in hospitals for the insane.

Fourth. This is an age of specialties. The physicians and attendants who devote their time exclusively to acute nervous diseases can with a greater degree of intelligence meet the demands and combat the obstacles that are sure to confront them every hour in the care and observance of acute mental complications.

From the personal experience which the writer has had, having graduated from a large private hospital training-school for nurses, and afterwards having been superintendent of nurses in a State insane hospital, she would say that the *modus operandi* of care and the treatment of cases and the private hospital regime and insane routine are vastly separate and distinct, and that if the two were combined and the outcome of the work noted carefully, we should soon reap the perilous catastrophes occasioned by such intermingling of patients.